STATE OF VERMONT – DEPT. OF ENVIRONMENTAL CONSERVATION

Drinking Water & Groundwater Protection Division (DWGPD), 1 National Life Drive, Main Building – 2nd Floor, Montpelier, VT 05620-3251

Tel. (802) 828-1535 or (802) 585-4907

WELL COMPLETION REPORT

WELL LOCATION **WELL TAG No.** 48923

Well Owner or Purchaser: Cosmo Policastro Town: Winhall

E-911 Address: N/A Stone Cabin Rd. Subdivision Name:

Lot Number:

N/A = not assigned

GEOGRAPHIC LOCATION (Complete A OR B, but not both) **Date Well Drilled:** 3-28-2013

A. GPS Location: 43°06'50.4" (Latitude Rdg) N 072°52'27.2" (Longitude Rdg.) W Garmin 12 (GPS Make/Model) 7 (# of Satellites Used (Min. 3))

B. Attach Town Map with well location marked, if not providing GPS location.

WELL TYPE (Check one)
- ☑ Bedrock
- ☐ Gravel
- ☐ Monitoring
- ☐ Other:

WELL USE (Check one)
- ☑ Residential/Non-public
- ☐ Public water system
- ☐ Agricultural
- ☐ Industrial
- ☐ Other:

REASON FOR WELL (Check one)
- ☑ New supply
- ☐ Replace existing supply
- ☐ Deepen existing supply
- ☐ Additional supply
- ☐ Test/exploration
- ☐ Geothermal
- ☐ Other:

WELL CONSTRUCTION INFORMATION

DEPTHS
To bedrock 15 ft.
Total 440 ft

CASING
Total Length 32 ft.
Casing exposed 24 in.
Diameter 6 in.
Material Steel
Weight 17 lb/ft

LINER OR INNER CASING
Total Length ____ ft.
Depth to liner top ____ ft.
Diameter ____ in.
Material ____
Weight ____ lb/ft
Seal type ____

SCREEN DETAILS
Make/Type ____
Material ____
Diameter ____ in
Depth to screen top ____
Slot size ____
Gravel pack (type/size) ____

WELL LOG

From	To	Formation and water-bearing fracture Information
0	15	T - Till & Wet Gravel
15	32	R - Gray Schist med.
32	440	R - Gray & Black Schist med.

SEALING METHOD
- ☑ Drive Shoe
- ☐ Grouted – Grout type

YIELD TEST
Tested for 1 hr @ 20 GPM
Static Water Level 70 ft. (below land surface)
- ☐ Overflowing? (check if yes)
- ☐ Hydrofractured? ____ GPM

WELL DRILLER INFORMATION

☑ Yes ☐ No; I provided property owner the Dept. of Health information, per 10 V.S.A. Section 1396(d)

Drilled by: Jody Townsend

Gary Butts
Signature of Qualifying Individual

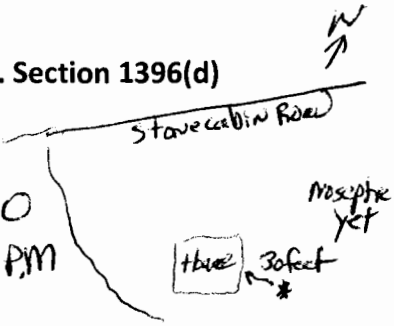
Company: Frost Wells & Pumps, Inc

Lic # 265

COMMENTS AND SITE SKETCH

Set pump 400

fracture 375 = 20 G.P.M



White Copy - DWGPD Yellow Copy - Owner Pink Copy - Driller 1/10/13

GENERAL INSTRUCTIONS:

1. Wells must be tagged within 30 days of well completion.
2. Complete and Submit this form within 90 days of well completion.
1. If you need more space , please attach extra sheet, include Tag Number.
2. If you would like to complete this form electronically on a personal computer instead of paper, call us.
3. **Variance:** When meeting the minimum isolation distances in 12.2.1.1 is physically unworkable, or the location of the subsurface disposal field cannot be determined, additional protective measures must be used. Additional protection (except as otherwise specified by the Agency) shall be provided through the use of additional casing and grouting of any annular space. The well location problems shall be discussed with the owner and the final location and use of additional protective measures shall be agreed to before construction. The variance shall be noted on the Well Completion and Servicing Report.

WELL LOG GUIDELINES

Please provided descriptions of the subsurface condition encountered. The following codes can be used when filling out the overburden information:

LITHOLOGY CODES

B	Boulder, cobble	S	Sand	I	Silt
BS	Boulder & sand	SG	Sand & gravel	T	Till/Hardpan
BI	Boulder & silt	SI	Sand & silt	SO	Soil
BC	Boulder & clay	C	Clay	R	Rock, bedrock, ledge
G	Gravel	CG	Clay & gravel		
GS	Gravel & sand	CS	Clay & sand		
GI	Gravel & silt	CI	Clay & silt		

For bedrock please provide a description of the rock; such as, color, hardness, texture and rock type if known. The following guidelines can be used:

Hardness:	Color:	Rock Type—If Known
Soft	One Color	
Medium	Multiple Colors	
Hard	% of each color	